

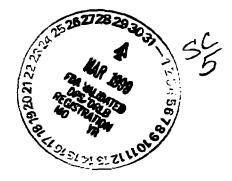
March 29, 1999

196 B MY -6 MO 57 .

Orlando, FL 32824
Phone 407.859 8166
Fax 407.859 8254

www.av-imagineering.com

Manuel Karos
Center for Devices and
Radiological Health
CDRH - HF Z300
2098 Gaither Road
Rockville, Maryland 20850



Dear Manuel,

This letter is to officially notify you that Audio Visual Imagineering, Inc. will be installing a permanent laser system for The Renaissance Center, 855 Highway 46 South, Dickson, Tennessee 37055. The installation will begin on April 26, 1999 and shows will begin in August or September 1999.

For this permanent installation, we will be using an Omniscan Laser Projection System Model 2000. The laser presentation will be in compliance with the format and conditions specified in our application (June 12, 1997) and supplement for a Variance from 21 CFR 1040 11[c] for a laser light show device. We have also prepared a Variance application for The Renaissance Center who will own and operate the Omniscan projection system.

We invite CDRH inspectors to examine our laser product during operation to assure compliance with federal safety standards. Please let us know when you plan to inspect this installation so that we may make necessary arrangements with the facility staff.

If you have any questions, please do not hesitate to call.

Sincerely,

Ward Davis President

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DEPARATMENT OF HEALTH AND HU SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRIEG ADMINISTRATION

APPLICATION FOR A RIANCE FROM 21 CFR 1040.11(c) FOR A LASER LIGHT SHOW, DISPLAY, OR DEVICE

Landing Place Sugar 11, 1888

Public Health Service Food and Drug administration	LAS	ER LIGHT SHOW, DI OR DEVICE	SPLAY,	DOCKET NUMBER
NOTE: No laser light show, projection system, or d application in accordance with 21 CFR 1010		npliance with 21 CFR 104	(0))(c) in design	of use without the approval of this
Check all applicable boxes and type of point the regime of point the regime of Submit an original and four (4) sopies NAME OF COMPANY			Room 4-62, Shiin Fisi	gement Branch (MFA-305), Took and hers Lane, Rockedte, AID 20857
The Renaissance Center				
855 Highway 46 South, Dick		•		
NAME AND TITLE OF RESPONSIBLE PERSON Kevin Scott, Planetarium		PHONE NO. (Instindi introdución) 15-446-1985		5 DATE OF SUBMISSION 3/29/99
b. The applicant requests the variance to be in effect for a per- tin general, the Asency will update a security the only true wars.			pate of the application	1
7		RIPTION AND USE		
3. LIST NAME AND/OR MODEL NUMBER(S) FOR THE LASE OMNISCAN LASET Projection				
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LASER MEDIUM (II. III No shi)		CTHS (nm)		PEAN POWER ABOUT
Mixed Gas Ion Laser 458NM - 647				
9 IF ANY LASER RADIATION IS PULSED OR SCANNED, GIVE Please refer to attachmen		RATE AND SCANNING FREQU	ENCY AND AMPLITU	DE
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13				RNATE MEAN						•			oly. in Item	14 "Rem	arks, " j	usufy any pozes
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			(2) BE LOC	ATED WHER	E ALL BEAM	PATHS CA	N BE DIR	ECTLY (OBSERVE	D AT ALL	TIMES;	ND				
			(3) BE AN	EMPLOYEE O	F THE VARIA	NCE HOL	DER WHO	WILL B	SE RESPO	NSIBLE F	OR THE	TRAININ	AND CO	DNDUCT	OF TH	E OPERATOR.
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BLE AUTHORITIES.

PROVIDING SHOW ITINES WITH DATES AND LOCATIONS CLEARLY AND COME ELY IDENTIFIED, AND A BASIC DESCRIPTION OF PROPOSED EFFECTS INCL. JING A STATEMENT OF THE MAXIMUM POWER OUTPUT INTENDED. SUCH NOTIFICATIONS WILL BE MADE, BUT NOT NECESSARILY BE LIMITED, TO:

- (1) THE CENTER FOR DEVICES AND RADIOLOGICAL MEALTH, OFFICE OF COMPLIANCE (MFZ-312), 8757 GEORGIA AVE., SILVER SPRING, MD 20910, PROVIDING THE INITIAL AND CLOSING DATES FOR FIXED INSTALLATIONS AND THE ITINERARY FOR MOBILE SHOWS. IN ADDITION, UNLESS ALL ASPECTS OF EACH SHOW HAVE BEEN REPORTED AND THE ACCESSION NUMBERS CLEARLY REFERENCED, EACH NOTICE WILL INCLUDE DETAILED DESCRIPTIONS OF EACH SHOW AND A LISTING OF ALL EFFECTS TO BE PERFORMED IN SUFFICIENT DETAIL TO CONFIRM COMPUANCE WITH THE REGULATIONS AND THIS VARIANCE.
- (2) The Federal aviation administration (Fab) for any projections into open Airspace at any time (i.e., including set-up) alignment, rehearsals, performances. Etc.). If the fab objects to any laser effects, the objections will be resolved and any conditions requested by fab will be aphered to. If these conditions can not be met, the objectionable effects will be deleted from the show.
- (3) STATE AND LOCAL RAPIATION CONTROL OFFICES/AGENCIES FOR ALL SHOWS TO BE PERFORMED WITHIN THEIR JURISDICTIONS, ALL REQUIREMENTS OF STATE AND LOCAL LAW WILL BE SATISFIED AND ANY OBJECTIONS RAISED BY LOCAL AUTHORITIES WILL BE RESOLVED OR THE EFFECTS DELETED, (LISTS OF FEDERAL AND STATE OFFICES ARE AVAILABLE FROM THE CENTER FOR DEVICES AND RADIOLOGICAL HEALTH UPON REQUEST.)

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Please refer to attachments H - K

CERTIFICATION

I CERTIFY that all of the above information and statements are true, complete, and correct to the past of my knowledge and acknowledge that my variance application may be denied or my variance may be revoked if this application is found to be false, misleading, or incorrect in any material way. I have submitted and will submit all reports required by 21 CFR 1002.10 and 1002.12 on the later equipment and show(s). I further understand that I may be required by regulation or by the Pirector, Center for Devices and Radiological mealth, to supply such other information as may be necessary to evaluate and act on this application.

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16. NAME (Type or Print)

Ward Davis

17 TITLE

President